

DEPARTMENT OF REVENUEUnclaimed Property Section

BUSINESS AFFIDAVIT

RE: Unclaimed Property Account No.:				
In the amount of \$				
I,	, hereby af	firm that I am e	mployed by or am an	
Print or Type Name				
officer of				
and am duly authorized to claim such funds as	s may be held	by you.		
And, in the event a superior claim is received payer of the claim, and will return such funds		•	ent of Revenue, I will	hold harmless the
Signature		Title Held		
Subscribed and sworn to before me this		day of		
	Day		Month	Year
Notary's Signature				
Notary in and for the state of				
My commission expires				

If the Owner is a Business/Agency/Institution:

- 1. Copy the above format onto your company's letterhead.
- 2. Complete the form.
- 3. Have your signature notarized
- 4. Return the affidavit with your completed claim form to our office.

- OR -

If your company does not have letterhead, complete the affidavit and attach a copy of your business license or other documentation identifying your business as a legal entity. Have your signature notarized and return the affidavit with your completed claim form.



Mail all affidavit(s) with the signed and dated claim form(s) to:

State of Washington Department of Revenue Unclaimed Property Section PO Box 448 Olympia, WA 98507-0448

Note: If your company has multiple claims, you may use <u>one</u> affidavit for all. Just state the total number of claims and the total dollar amount.

To inquire about the availability of this form in an alternate format for the visually impaired, please call (360) 753-3217. Teletype (TTY) users please call (800) 451-7985. You may also access tax information on our Internet home page at http://dor.wa.gov.